

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11541 OF 129314

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ActBlue

Full Name (Last, First, Middle Initial)

**A. CAROL CARLAND**

Mailing Address 465 GARDINER ROAD 2

City	State	Zip Code
WEST KINGSTON	RI	02892

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : SB28A\_32605142

Amount of Each Disbursement this Period

15.00
-------

Refund of contribution, initially earmarked for END CITIZENS UNITED PAC (C00573261)

Full Name (Last, First, Middle Initial)

**B. THOMAS CARLESS**

Mailing Address 4737 NW 98TH PLACE

City	State	Zip Code
DORAL	FL	33178

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2015

Transaction ID : SB28A\_33818716

Amount of Each Disbursement this Period

25.00
-------

Refund of contribution, initially earmarked for DCCC (C00000935)

Full Name (Last, First, Middle Initial)

**C. THOMAS CARLESS**

Mailing Address 4737 NW 98TH PLACE

City	State	Zip Code
DORAL	FL	33178

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2015

Transaction ID : SB28A\_33818717

Amount of Each Disbursement this Period

2.50
------

Refund of contribution, initially earmarked for ACTBLUE (C00401224)

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

42.50
-------

--